

Individual Family Service Plan

908 KAR 2:130. Kentucky Early Intervention Program assessment and service planning.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.030, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth the provisions of assessment and the Individualized Family Service Plans used in First Steps, Kentucky's Early Intervention Program.

Introduction

First Steps, Kentucky's Early Intervention System is rooted in the belief that family centered early intervention should build on and promote the strengths and competencies present in all families. In the Individualized Family Service Plan (IFSP), the priorities and concerns of a family for their child and for themselves, as they relate to the child's development, are translated into outcome statements. These outcome statements are part of the service plan that identifies a route to help that happen. A team, composed of the family, a service coordinator, potential service providers, and others the family may choose to include, works together to develop an IFSP that delineates a six-month approach to meet the developmental needs of the child. At least two agencies are to be represented on the team so that a non-biased approach is assured and an atmosphere of family choice is achieved.

The IFSP is a process and not simply a document. Young children's needs can change rapidly and the IFSP may need to be amended to reflect changed outcomes or services sooner than a scheduled review. Any member of the IFSP team can request a meeting to review the IFSP. Family members are to be active, participating members of this team. The procedural safeguards insure that families are informed and consent to all phases of service provision in First Steps. The IFSP document serves as a contract with the family for specific First Steps' services from specific providers with the frequency, intensity, and duration defined. In First Steps, the development of the IFSP is expected to follow both the letter and the spirit of the law while maintaining a family-centered approach.

Section 2

Individual Family Service Plan (IFSP).

(1) The IFSP is a contract with the family and providers to insure the services are provided.

(2) The completed initial IFSP shall have:

(a) All appropriate evaluation and assessments;

(b) All covered services identified; and

Best Practice Guideline: Services provided to a child or family which are not authorized on the IFSP will not be reimbursed.

(c) Signed approval of the initial service coordinator.

(3) The First Steps IFSP form shall be used to record the IFSP. All items on the IFSP form shall be completed as instructed on the form (**See Form 10**).

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(4) Each authorized IFSP is valid for a period not to exceed six (6) months in length. Revisions that occur to the IFSP shall be valid for the remaining period of the plan.

Best Practice Guideline: At any time between the 6 month reviews, changes to services can only be made through an amendment process to the IFSP, discussed and approved by the entire team and coordinated by the Primary Service Coordinator. This includes changes of independent provider or provider agency, frequency, intensity, duration or manner of service delivery.

(5) The following principles shall be adhered to in the development and implementation of the IFSP:

(a) Infants and toddlers are uniquely dependent on their families for their survival and nurturance. This dependence necessitates a family-centered approach to early intervention;

(b) Early intervention systems and strategies shall honor the racial, ethnic, cultural, and socioeconomic diversity of families;

(c) The diversity of family patterns and structures. Each family has its own structure, roles, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered early intervention;

(d) In the context of the IFSP process, in respect to the autonomy, independence, and decision making, families must be able to choose the level and nature of early intervention's involvement in their lives;

(e) Family and professional collaboration and partnerships are the keys to family-centered early intervention and to successful implementation of the IFSP process;

Best Practice Guideline: Professionals should encourage family involvement as active team members in the development and implementation of the IFSP. Use of the Family Input page is recommended.

(f) No one (1) agency or discipline can meet the diverse and complex needs of infants and toddlers with special needs and their families. Therefore, a team approach to planning and implementing the IFSP is necessary;

(g) An enabling approach to working with families requires that professionals reexamine their traditional roles and practices and develop new practices when necessary that promote mutual respect and partnerships;

(h) First Steps services shall be flexible, accessible and responsive to family-identified needs;

(i) First Steps services shall be provided according to the normalization principle that families should have access to services provided in as normal a fashion and environment as possible and that promote the integration of the child and family within the community;

(6) For a child that has been evaluated for the first time and determined eligible, a meeting to develop the initial IFSP shall:

(a) Be conducted within forty-five (45) days after the receipt of the referral; or

(b) If the IFSP does not occur within forty-five (45) days due to illness of the child or approval to delay by the parent, the delay circumstances shall be documented;

(7) A review of the IFSP for a child and the child's family shall be conducted at least every six (6) months. A review shall be conducted more frequently if:

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- (a) The family requests such a review; or
- (b) The child's conditions change; or
- (c) The service providers change;

Best Practice Guidelines:

1. *The purpose of the six month review is to align the family's priorities, concerns and resources with the progress on the outcomes previously developed.*
2. *The six month review should be initiated by the Primary Service Coordinator (see Primary Service Coordination section) . This review may occur more frequently upon request of the family or other team members. (See required form 10)*
3. *The team members should have input in the review process of the IFSP. Prior to the six month review or annual meeting, all service providers should submit a progress report to the Primary Service Coordinator summarizing the child's progress. The minimum information to be included in the six (6) month review progress report from each service provider includes (refer to Assessment Section 1 (10)):*

*Name of child
Child's Date of Birth
Child's ID number or Social Security Number
Name of Primary Service Coordinator
Name, title and agency of person completing report
Service being provided along with frequency and intensity
Service site (home, center, group)
Child's actual attendance over six (6 month) period
Six (6) month summary of progress
Recommendations
Signature of person completing report and date of report.*

- (8) A meeting shall be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and to revise if changes have occurred;

Best Practice Guideline:

1. *The Primary Service Coordinator shall initiate the annual meeting and coordinate the development of the IFSP with the family and service providers (See Form 10).*
2. *Prior to the annual meeting, all service providers shall submit a progress report to the Primary Service Coordinator summarizing the child's progress (Refer to Best Practice Guideline #3 under (7) above for required components of this report).*

- (9) With the approval of the family, the primary service coordinator shall arrange a conference to discuss the possible transition of the child. The conference shall be conducted at least ninety (90) days before the child's third birthday and shall include:

- (a) The family;
- (b) A representative of the local education agency and representatives of other potential settings;
- (c) The primary service coordinator as a representative of the First Steps Program;
- (d) Others identified by the family;

Best Practice Guidelines:

1. *The overall purpose of the transition conference is to plan for transition and to ensure that the family has the needed information to help decide the most appropriate options for future services for the child. The*

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transition conference includes reviewing program options for the child at age three (3) based on eligibility requirements, which services are available and appropriate, and writing of a transition plan as part of the IFSP.

2. *The conference shall be conducted at least ninety (90) days before the child's third (3) birthday but more importantly, should be held at the IFSP nearest the child's second birthday (IDEA Reauthorization, 1997). (See **Transition Policy, Primary Service Coordination section**). Depending on the needs of the family and child, the transition conference can occur at any time during the early intervention period.*
3. *The transition conference is not to be held simultaneously with the placement meeting, which is the Admissions and Release Committee meeting (ARC).*
4. *All transition activities should focus on enhancing abilities and skills of family-child relationships and family-professional relationships.*
5. *Families should select the time and location of the transition conference and should be offered transportation or child care if needed.*
6. *Families should be informed ahead of time as to what information they could provide that would assist in determining placement.*
7. *Families should be provided with objective views of all programs, so they make informed decisions regarding their child's education.*
8. *Transition information should be presented to families via a multi-option format. Examples can include a classroom visit, individual discussions, group training, written information, parent support groups, and videos.*
9. *The transition plan should include:*
 - a) *Strategies designed to help prepare the child for changes in the service delivery system. Specific steps shall be outlined to help the child adjust to and function in the new setting.*
 - b) *Descriptions of the types of information the family might need in relation to future placements and other issues*
 - c) *With parental consent, plans to transmit information about the child to the receiving agency to ensure continuity of services. This information may include recent evaluations and assessment information, copies of the IFSPs and other information that would help the potential receiving agency staff build rapport with and understand the child.*

(10) The IFSP shall include:

(a) Summary of family rights handbook and signed assurances by the family.

(b) Information about the child's present level of developmental functioning. Information shall cover the following domains:

1. Physical development that includes:

- a. Vision;
- b. Hearing;
- c. Fine and gross motor skills; and
- d. Health status and immunization of the child;

2. Cognitive development that include skills related to a child's mental development and includes basic sensorimotor skills, as well as preacademic skills;

3. Communication development that includes skills related to exchanging information or feelings', including receptive and expressive communication and communication with peers and adults;

4. Social or emotional development that include skills related to the ability of infants and toddlers to successfully and appropriately select and carry out their interpersonal goals. This includes:

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- a. Interactions with peers and adults;
 - b. Play skills;
 - c. Self-concept development; and
 - d. Bonding with family members;
5. Adaptive development that includes self-help skills necessary for independent functions, that include:
- a. Self-feeding;
 - b. Toileting; and
 - c. Dressing and grooming;

Best Practice Guideline: This section of the IFSP should succinctly summarize the child's development in all developmental domains. This information should directly address the skills the child has achieved, reflecting the family's assessment of their child's growth and development and reflecting the results of all evaluation and assessment information either from formal testing, observation, interviews, reports, and/or checklists. This information should create a positive picture of the child. It should provide a description of behaviors and skills the child is able to perform. It should emphasize functional abilities rather than record test scores or developmental context. The summary should be written in family friendly language rather than professional jargon. It is important to note that this is the information from which we initiate the entire IFSP, building from the child's strengths.

(c) Performance levels to determine strengths which can be used when planning instructional strategies to teach skills;

(d) A description of:

- 1. Underlying factors that may affect the child's development;
- 2. What motivates the child, as determined on the basis of observation, child interaction and parent report;

(e) With concurrence of the family, a statement of the family's resources, priorities and concerns related to enhancing the development of the child;

Best Practice Guideline:

Concerns: Record information about the areas that the family members identify as needs, issues, or problems they would like to address as part of the IFSP process. These concerns could be related to their child's motor, adaptive, communication, cognitive or personal/social development. It could relate to health issues including vision and hearing. It could relate to other areas of their family life which may have a direct bearing on their child's growth and development.

Priorities: Record information about the level of importance the family places on their identified concerns. Describe the family's agenda and choices for how early intervention should be involved in the family's life. This could include prioritizing intervention concerns relative to developmental domains. This could include where services might be given, how they might fit into the family's schedule, how often and how long the family feels they want services, or how many people they want to interact with.

Resources: Records any information the family shares relative to what they feel they bring to the growth and development of their child, what they have done that really works with their child, how others will be able to build a relationship with their child, what supports they have within their immediate family, their extended family, and their community, and what other professionals have been or are currently involved with their family.

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(f) A statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and time lines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary. Outcome and strategy statements shall:

1. Be functionally stated;
2. Be representative of the family's own priorities;
3. Fit naturally into the family's routines or schedules;
4. Reflect the use of the family's own resources and social support network;

Best Practice Guidelines: Outcome statements are defined as “the changes family members want to see for their child or for themselves in relation to their child’s development”. An outcome statement should focus on any area of child development or family life that a family feels is related to their ability to enhance their child’s development. Components of outcome statements on the IFSP shall include:

- A. *Strategies which are practical suggestions to assist the family and other team members in achieving the child’s developmental outcomes in natural settings or to ensure that the identified priorities and concerns of the family are met. Services are determined based on outcome statements developed. Services are only one resource providing strategies for achieving the outcome.*
- B. *Criteria designating how the outcome shall be measured to determine mastery or progress. Measurements can be obtained through family report, professional’s observations of the child and/or from data collected during the intervention.*
- C. *Person(s) Responsible for achieving the outcome. This might include parents or family member(s), the service coordinator, one or more of the service providers, and others in the community as identified by the family and the team.*
- D. *The Review Date which should occur six months after the IFSP is developed or sooner if needed or requested by the family or other team members.*
- E. *Progress reports shall be made at the six (6) month intervals but may be added more frequently.*
- F. *Date Achieved or Modified is the actual calendar date this occurred.*

Providers in the First Steps program may be unfamiliar with the term outcomes and are accustomed to the term goals. Objectives are the more specific steps indicated by the provider to achieve the outcomes and typically are part of a discipline’s therapeutic plan for the child. A family’s priorities and concerns for their child shall be given first consideration when developing outcome statements. Parents are asked their priorities for the child’s development. They are the primary decision makers. Professionals offer opinions/ recommendations in understandable language for the parent’s consideration but the outcomes should be framed in the family’s words. The identification of child and family outcomes is fluid and happening throughout all parts of the IFSP process.

(g) The specific First Step services necessary to meet the unique needs of the child and family to achieve the outcomes. Services shall:

1. Be stated in frequency, intensity, duration, location and method of delivering services; and in the payment arrangements, if any;

Best Practice Guideline: Frequency and Intensity refer to the number of days/sessions a service shall be provided and length of time the service is provided during each session. Duration shall be stated on the IFSP document by describing the exact date(s) that the child and family can begin receiving services and a projected or estimated date as to how long the child and family can anticipate receiving services. Method means how the service shall be provided and refers to the team members who provide the intervention or service for the child. The service may be provided on an individual or group basis in a center or integrated setting with non-disabled peers as well as home based. Method can also refer to the specific strategies used by the team and can include adult-child interactions as well as child-child interactions. Location for providing early intervention services shall be identified on the IFSP. To the maximum extent appropriate,

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early intervention services shall be provided in natural environments, including home and community settings in which children without disabilities participate.

2. Unless prior authorization is granted, based on individual needs of the child, the frequency and intensity for therapeutic intervention for each child shall:

a. Not exceed one (1) hour per discipline per week for the following disciplines:

- (i) Audiologist;
- (ii) Family therapist, nurse or LPN, or health aide;
- (iii) Nutritionist or dietitian;
- (iv) Occupational therapist or occupational therapist assistant;
- (v) Orientation and mobility specialist;
- (vi) Physician;
- (vii) Physical therapist or physical therapist assistant;
- (viii) Psychologist;
- (ix) Speech language pathologist or speech language pathologist assistant;
- (x) Licensed social worker;
- (xi) Teacher of the visually impaired;
- (xii) Teacher of the deaf and hard of hearing;
- (xiii) Developmental interventionist or developmental associate.

b. To request prior authorization for exceeding limits the following process shall be utilized:

- (i) Send written request, with copy of IFSP and documentation of need, to the First Steps state office.
- (ii) The state coordinator will forward to the state best practice review panel.
- (iii) Complete process within ten (10) working days of receiving request.
- (iv) The decision of the state panel may be appealed to the state First Steps coordinator or directly pursuant to 908 KAR 2:170.
- (v) The decision of the First Steps coordinator may be appealed pursuant to 908 KAR 2:170.

Best Practice Guideline: The IFSP Team is the decision making body for services for children eligible for First Steps. The team is responsible for establishing the strategies to accomplish the outcomes, including frequency and intensity of services needed. There are a great many factors that contribute to the decisions of frequency and intensity, including the results of testing, age, condition of the child, the circumstances with the family, and the approach taken by the interventionists. The above stated limitation is a parameter of practice within which early intervention is generally effective. The limit is not intended to over-ride the authority of the IFSP

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team. Setting the parameters through this limitation is simply a way to ensure that the practice of early intervention is within appropriate levels and provided in the most effective manner. There are a number of forces that challenge this parameter. Families search for ways to address their child's needs and often feel that if some services are good, more are better. The research does not prove this to be true. In a search of the literature, Are More Intensive Early Intervention Programs More Effective? A Review of the Literature, Innocenti & White concludes that more intensive interventions do no result in better outcomes than less intensive. To set levels of service based on the greater intensity therapy alone would not be appropriate. Another challenge to this parameter is that some schools of thought within professional circles believe that effective intervention is the individual therapist responsibility and that effective therapy only occurs during the scheduled sessions. This is not the approach appropriate for early intervention. To address the needs of infants and toddlers with significant delays, intervention is most effective when embedded in daily living, where caregivers are supported and their skills and understanding are enhanced. This approach is emphasized in The Effectiveness of Early Intervention, Guralnick, "Early Intervention for children with disabilities and their families is designed to support and foster environments that facilitate optimal developmental outcomes in children". It is the responsibility of the First Steps program to ensure that the most effective intervention is implemented and that the decisions leading to those planned interventions are appropriate. The IFSP team can establish service levels within the limits without outside approval. When the team believes a child requires a higher level of service, above the established parameter, the team has the responsibility to identify the rationale for additional services and submit that to the professional panel that will be established.

3. To the maximum extent appropriate early intervention services shall be provided in natural environments, including the home and community settings, in which children without disabilities participate;

(h) The projected dates for initiation of the services, and the anticipated duration of those services;

(i) Other services that the child needs, such as medical services or housing for the family, but that are not required under early intervention. The funding sources to be used for those services or the steps that will be taken to secure those services through public or private resources shall be identified;

Best Practice Guideline: Other services mean (1) the IFSP team ensures that the other needs and concerns of the families related to enhancing the development of the child are considered and addressed; (2) The service coordinator advises the family that "other services" are not First Steps services and may be secured through other funding sources; (3) The IFSP states who should provide the "other service" and when, where, and how long it should be provided; (4) The IFSP states how the "other service" shall be paid for (e.g. private insurance, Medicaid, or alternate funding arrangements. Services and supports should be "family-driven"—based on the family's needs and desires, not on what's available or what professionals deem necessary. Services and supports should balance the needs of the whole family. Services and supports should be individualized to accommodate diversity and a wide range of family needs and preferences. Services and supports should enhance the child's and family's capacity to be part of the community. Services should encourage integration with people who do not have disabilities. Services should encourage families to use informal natural resources such as family members, friends, etc.

(j) The name of the primary service coordinator chosen to represent the child's or family's needs. The Primary Service Coordinator will be responsible for the implementation of the IFSP and coordination with other agencies and persons;

Best Practice Guideline: The name of the primary service coordinator (PSC) & backup PSC chosen to represent the child's and family needs and the name of the First Steps provider they represent shall be stated in the IFSP. The family shall be given all the options of providers of service coordination and shall participate in the decision of choosing the PSC. The Primary Service Coordinator shall be responsible for record keeping (See Primary Service Coordination section), in addition to the implementation of the IFSP and coordination with other agencies and programs.

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- (k) The steps to be taken to support the transition of the child to preschool services provided by the public educational agency, to the extent that those services are considered appropriate, or to other services that may be available, if appropriate;
1. With approval of the family, a transition conference shall occur at least ninety (90) days prior to the child's third birthday;
 2. The transition conference shall involve staff from the First Steps Program, the primary service coordinator, the family, staff from the local public educational agency, and other agencies per family request that could be potential service agencies after the age of three (3);
 3. The conference shall be held to review program options for the child at age three (3) and to write a plan, through the IFSP, for transition. This meeting shall be chaired by the primary service coordinator;
- (11) Families shall be encouraged to discuss their child's activities, strengths, likes and dislikes, exhibited at home;
- (12) The IFSP shall highlight the child's abilities and strengths, rather than focusing just on the child's deficits;
- (13) Every attempt shall be made to explain the child assessment process by using language the family uses and understands;
- (14) The families may agree, disagree, or refute the assessment information;
- (15) The family's interpretation and perception of the assessment results shall be ascertained and the families wishes and desires shall be documented as appropriate.

Section 3.

Incorporated by Reference.

- (1) First Steps Individualized Family Service Plan (IFSP), October 28, 1998 is incorporated by reference.
- (2) This material may be inspected, copied, or obtained at the Department for Mental Health and Mental Retardation Services, 100 Fair Oaks Lane, Commissioner's Office, Frankfort, Kentucky, 40621, Monday through Friday, 8 a.m. to 4:30 p.m. (23 Ky.R. 3136; Am. 3854; 4172; eff. 6-16-97; 25 Ky.R. 664; 1410; eff. 1-19-99.)